Resuscitation Council UK

Quality Standards: Primary dental care equipment list

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Introduction

Primary dental care facilities have an obligation to provide a high-quality resuscitation service, and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to each individual's expected role.

As part of the Quality Standards for cardiopulmonary resuscitation practice and training this document provides lists of the minimum equipment required for cardiopulmonary resuscitation in primary dental care.

The equipment and drug lists on this page are in reference to the Primary dental care Quality Standards.

The core standards for the provision of cardiopulmonary resuscitation across all healthcare settings are described in the Introduction and Overview to Quality Standards.

General points

1. All clinical dental areas should have immediate access (within the first minutes of a cardiorespiratory arrest) to oxygen, resuscitation equipment for airway management including suction, and an automated external defibrillator (AED). The standard AED sign should be used in order to reduce delay in locating a defibrillator in an emergency

2. All primary dental care staff must have a means of calling for immediate help (e.g. internal or external landline telephone, mobile telephone with reliable signal, alarm bell).
3. Primary dental care staff should be trained to use the available equipment according to their expected roles.
4. Staff must be familiar with the location of all resuscitation equipment within their working area.
5. Resuscitation equipment should be for single-patient use and latex-free whenever this is feasible (e.g. bag-mask devices, oxygen masks and tubing).
6. Responsibility for checking resuscitation equipment rests with the staff at the dental facility where the equipment is held. This process should be designated to named individuals, with reliable arrangements for cover in case of absence. The frequency of checks will depend upon local circumstances but should be at least weekly. Checking should be the subject of local audit.
7. The manufacturer's instructions must be followed regarding the use, storage, servicing and expiry of equipment.
8. A planned replacement programme should be in place for disposable equipment items that have been used or that reach their expiry date.
9. Personal protective equipment (e.g. gloves, aprons, eye protection) must be available according to local policy.
10. AEDs reduce the mortality from cardiorespiratory arrest caused by ventricular fibrillation and ventricular tachycardia. The widespread deployment of such devices throughout the UK and the Department of Health's 'Public Access Defibrillation' programme has ensured that AEDs are now available in many public places and are in common use.
11. The general public expects AEDs to be available in every healthcare setting and primary dental care premises are no exception. The Department of Health Cardiovascular Disease (CVD) Outcomes Strategy promotes AED site mapping/registration, first responder programmes and ways of increasing the number of people trained in cardiopulmonary resuscitation (CPR) and use of AEDs. Resuscitation Council UK recommends that all AEDs located in the community are registered with the local ambulance service, to facilitate prompt access to the nearest AED whenever one is needed.
12. The provision of an AED enables all dental staff to attempt defibrillation safely after relatively little training and should be immediately available within the first few minutes of a cardiorespiratory arrest occurring. These defibrillators should have internal data storage facilities and standardised consumables (e.g. adhesive electrode pads, connecting cables). Scissors

may be required to remove items of clothing from the patient. Adult AEDs can be used safely on children over 8 years old. Some machines have paediatric pads or a mode that adjusts them to make them more suitable for use in children between 1 and 8 years of age. This type of AED should be considered, especially for practices that treat children. In cardiorespiratory arrest situations when paediatric pads or an adjustable AED are not available, a standard adult AED may be used in a child over 1 year old. Staff should be familiar with the device in use on their premises and its mode of operation.

13. Oxygen cylinders should be of such a size to be portable easily, but must also allow for an adequate flow rate (e.g. 15 $l.min^{-1}$) until the arrival of an ambulance (e.g. a full 'CD' size integral valve cylinder contains 460 l of oxygen and can deliver a flow rate of 15 $l.min^{-1}$ for approximately 30 min). Local policy should dictate the precise size of cylinder and whether a second cylinder is required in case the first one is at risk of running out. Published guidance from the British Thoracic Society on the use of high-flow oxygen has caused some concern and confusion regarding its safety. Current guidelines recommend that in any cardiorespiratory arrest the initial administration of high-flow oxygen (15 $l.min^{-1}$) is the correct course of action. If the patient regains a cardiac output and oxygen saturation levels can be measured accurately using a pulse oximeter (e.g. provided by the ambulance crew), then the concentration of inspired oxygen can be adjusted accordingly.
14. The precise availability of equipment should be determined locally. The lists below include recommendations on when equipment should be available:
    1. Immediate - available for use within the first minutes of cardiorespiratory arrest (i.e. at the start of resuscitation)
    2. Accessible - available for prompt use when need is determined by those attempting resuscitation
15. These lists refer only to equipment for the management of cardiorespiratory arrest. Primary dental care facilities should also have appropriate equipment and drugs for managing other life-threatening medical emergencies (e.g. anaphylaxis) as recommended in the dental section in the British National Formulary.

Suggested minimum equipment list

Primary dental care: Airway and breathing

Item	Suggested Availability	Comments
Protective equipment - gloves, aprons, eye protection	Immediate	
Pocket mask with oxygen port	Immediate	
Portable suction e.g. Yankauer	Immediate	Airway suction equipment. NPSA Signal. Reference number 1309. February 2011
Oropharyngeal airways sizes 0,1,2,3,4	Immediate	
Self-inflating bag with reservoir (adult)	Immediate	
Self-inflating bag with reservoir (child)	Immediate	
Clear face masks for self-inflating bag (sizes 0,1,2,3,4)	Immediate	
Oxygen cylinder	Immediate	
Oxygen masks with reservoir	Immediate	
Oxygen tubing	Immediate	

Primary dental care: circulation

Item	Suggested Availability	Comments
Automated external defibrillator (AED)	Immediate	Type of AED and location determined by a local risk assessment. Consider facilities for paediatric use, especially for practices that treat children.
Adhesive defibrillator pads	Immediate	Spare set of pads also recommended.
Razor	Immediate	
Scissors	Immediate	

Notes

Keeping resuscitation drugs locked away - this problem was addressed in detail in 2005 by the Royal Pharmaceutical Society of Great Britain in a revision of the Duthie Report (1988) 'The Safe and Secure Handling of Medicines'. Resuscitation Council UK responded with a statement, along with an accompanying letter written to the CQC explaining the position.

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